

## **Iowa Department of Human Services**

Terry E. Branstad Governor

Kim Reynolds Lt. Governor Charles M. Palmer Director

1/15/2014

Kelli Chapman 2001 Palisades Rd SW Mt. Vernon IA 52314

Dear Kelli,

It was a pleasure to again meet with you and to review Child Development Home Registration rules. You have a little to work on but it is all doable. My job is to help you come into compliance so if you have any questions while working on things, please feel free to call me or e-mail me.

Please find your copy of the, Checklist for Child Development Home Registration. I will be referring to the Child Development Home Registration Guidelines (Comm. 143) in this letter. You should receive the site to locate a copy of these at every application/renewal or a post card to return to Des Moines if you prefer to have them mailed to you. If you need an additional copy please call the Des Moines office 1-866-448-4605 or e-mail a request at <a href="mailto:crsacca@dhs.state.ia.us">crsacca@dhs.state.ia.us</a> and they will send one to you. I will refer to these as, guidelines, for the rest of this letter. There are some sample forms in the last section of the guidelines, which were created to document the items needed for compliance. Feel free to use these forms for your programming. There are two typos on page 28 of some printed copies. The line that states "Total children under school age, including those under 24 months" should read 6 for both a level A and B. The guidelines are also on line. You may go to the following site to locate them on line: <a href="http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual">http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual Documents/Master/comm143.pdf</a>

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 1-13-14. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

| 110.4 No more children are in care than the rules for the specific category will allow.   |
|---|
| As a Level B you are limited to 12 children in care at a time. You said one day you had 13 children in your care, upon my visit you had 12 number of children enrolled for the same time period.  |
| 110.5(1)h A safe outdoor play area is maintained in good condition throughout the year.   |
| Need an approved soft landing for under all equipment 18 inches or taller that is at a minimum of 9 inches. Gave the Outdoor Home Playground Safety Handbook Please let me know what you plan on doing to keep children off the equipment until it is safe or remove the equipment from the property. |
| 110.5(1)i An annual laboratory analysis shows satisfactory bacteriological quality if a private water supply is used. Nitrate analysis when children under 2.   |

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|--------------|--|
|              | .5(1)i If water is determined unsuitable for drinking, commercially bottled water or water treated and red by the health department is provided. <b>Unk as have not had a recent test</b> .  |
| 110.         | .5(1)k Fire and tornado drills are practiced monthly and documentation kept.   |
|              | .5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-<br>ed room and at the top of every stairway.   |
| Need o       | ne in the following room: both daughters bedrooms and top of stairs  |
| 110          | .5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.  |
|              | .5(1)t Within 12 months of registration or renewal of registration, private sewer or wastewater has been for efficient functioning and improper leakage.   |
| <del></del>  | .5(1)v The provider has written policies about responding to health-related emergencies.  elated Emergency PolicySample  |
| training as  | t of a minor health related emergency (ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR needed. I will complete an injury report form and give to the parent at time of pick up along with calling or parent after the child's needs have been dealt with.  |
|              | et of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency rson if the parent can not be reached) for further directions.  |
| required to  | of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency arrived and can make the determination for transportation. I will stay with the other children in care. |
|              | policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, and emergency contact persons along with medical providers for your child. Please ensure that is accurate .  |
| l maintain a | a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.   |
|              | lete an injury report form and send a copy home with the family and retain one for the child's file if first aid is a to an injury.  |
| 110          | .5(2) A provider file is maintained and contains:  |
| <u>110</u> . | .5(2)a A physician's signed statement of health and immunization status on the provider and all members of   |

the household who may be present when children are in the home. Statements must be obtained at the time of

initial registration and updated every three years.- Gave new form for provider and husband

110.5(2)c An individual file is maintained for each staff assistant and contains:

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| 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396  |
| 110.5(2)c A completed Request for Child Abuse Information, form 470-0643   |
| 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.  |
| I am I including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site as I have no control over it. Many providers have told me using this site is easy, although some have had difficulties. I am not sure why there is a difference.   |
| WHO: This training is designed for child care providers WHAT: <b>Mandatory Child Abuse Reporter Training for Child Care Providers</b> WHERE: On-Line, start at this link <a href="http://dhs.training-source.org">http://dhs.training-source.org</a> You must register by entering your provider number WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course.  I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.               |
| 110.5(8) Children's Files  |
| The children's files must be <b>updated annually with the emergency medical authorization completed yearly.</b> If the parent wants to review, edit and resign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, ect. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or resign the emergency medical and intake information. |
| 110.5(8)c A signed medical consent from the parent authorizing emergency treatment need updated all but 2  |
| 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. <b>Need for 2</b>   |
| 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.   |
| 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. <b>5 need updates</b>  |
| 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.  |

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| 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. <b>8 need this information</b>   |
|--|
| 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. 7 needed or need an update  |
| 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. <b>2 need</b>  |
| 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. all need if leave site with children  |
| 110.9(1)c Not more than four additional school-age children had one extra one day this year so far.  |
| 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time. – <b>need to</b> track hours so you know you meet this rule.   |
| 110.9(1)e Not more than 12 children present when the emergency school closing exception is in effect. had one extra one day this year so far.  |
| Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.  |
| Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section. |

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please complete, sign and date below, and return this form in the provided envelope by: 45 days of receipt

| x   |  |
|---|--|
| Signature   | Date   |
| Please do not hesitate to contact me at DHS at 31 | 9 892-6826. if you have any questions regarding this letter. |
| Sincerely,  |  |
| Lisa Wesbrook<br>Social Worker II                 |  |

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## Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. They have consultants who can assist you in coming into compliance. You can reach Child Care Resource and Referral at 866-324-3236 or go to the following web site: <a href="http://www.iowaccrr.org/who we are/region 5">http://www.iowaccrr.org/who we are/region 5</a> and click on current training calendar which you will find in the body in red text.

The CCR&R website has a host of information including a document called Q/A. That document is the clarification of many questions and corresponding answers staff has had on the day care rules. This is a fluid document and new questions and answers are being added. I would suggest you review it at least every 6 months. You can find it on the CCR&R website. The exact address for the question and answer document is: http://www.iowaccrr.org/resources/files/Consultant/CDH%20Question Answer.pdf

HACAP also has a training newsletter. To obtain that newsletter you can email them. Send your name, address, phone number, email address, and that you are a registered child development home to Ashley at ameincke@hacap.org. You may also call them: Child Care Programs at 319-739-1556 if you have any questions.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. In addition to the approved 24 hours you will also need valid certificates in CPR, first aid and Mandatory child abuse training at time of renewal. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child\_Care/Professional\_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry. This site also has the forms to use to request training approval.

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).

An additional site that you might find helpful is the US Consumer Product Safety Commission recall site. If you go to the site and register your e-mail address the site will automatically send you updates on any products that are on recall. Baby items seem to go on recall often, especially sleeping equipment, pack and plays, car seats and toys. This is a good site to be aware of or to have the automatic updates sent to you.

https://www.cpsc.gov/cpsclist.aspx

There is a law change I want to make you aware of. There was a rule change effective 6-1-13 You are no longer required to have a land line phone as a registered child development home. If you eliminate your land line phone please e-mail the CCA in Des Moines with a current contact phone number. That e-mail address is: crsacca@dhs.state.ia.us

## **Iowa Department of Human Services**

| Terry E. Branstad<br>Governor   | Kim Reynolds<br>Lt. Governor  | Charles M. Palmer Director   |      |
|---|---|--|------|
| Date:7/5/13   |   |  |      |
| Attention Parent and/or Gu<br>Child Development Home.   | ardian of child attending Lisa  | Goodanew   |      |
| -   | uman Services requires all childca<br>e must include the following item   | are providers to maintain an individual file for es:   | each |
| phone numbers at h 2) Emergency medical 3) Emergency contact address and phone is in case of an emerg 4) List completed and number and relation 5) Immunization certif 6) Yearly statement of preschoolers it mus 7) A physical: a) For infant an yearly stater | ome and work; along with docum authorization signed by the parer information, which includes parenumbers along with name, phone rency signed by the parent on people which is to the child ficate the health: for school age children it to be signed by a physician and preschoolers: it must be at their nent of health form above) | ld's name and DOB, parents name, address and entation of any special needs of child nt, nts' names and phone numbers, doctors name, number and relationship of another adult availance can pick up the child including their phone can be signed by the parent. For infants and relationship of their elementary scheme, and the child at the time of their elementary scheme. | ıble |
| longer care for your child uprovider has given you 30 which is,8/15/13  | ntil the necessary paperwork has lays to obtain this information. If  | lopment Home the provider has been directed to been obtained as they are out of compliance. This is not in their file by the end of the 30 days of they should no longer care for your child untirestions on this matter.  | he   |
|   | ty: last name A-J & Benton and Ioounty: last names K–Z & Jones Cors   |  |      |